

Substitute for form 1449A/PTO				<i>Complete If Known</i>	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT				Application Number	
				Filing Date	
				First Named Inventor	Geoffrey W. Peters
				Art Unit	
				Examiner Name	
Sheet	1	of	1	Attorney Docket Number	42P18210

Examiner Signature	/George Monikang/	Date Considered	05/27/2007
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**Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication.*

***Applicant's unique citation designation number. *Applicant is to place a check mark here if English language Translation is attached.**

Based on PTO/SB/08B (08-03) as modified by Blakely, Solokoff, Taylor & Zaifman (wir) 08/11/2003.
Send To: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450